BOPUK 531.01 * INMATE HISTORY
PAGE 001 OF 001 * WRK DETAIL

* 09-08-2006 * 07:45:10

REG NO..: 05967-084 NAME....: WARD, MYRON ARVEL CATEGORY: WRK FUNCTION: PRT FORMAT:

EGI	ACCIONATION		
FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME STOP DATE/TIME
PET PET	PRINT 2 CCS COMPND	PRINT FACTORY-2 CORR SVCS COMPOUND	03-27-2006 0001 CURRENT 10-31-2005 1342 03-27-2006 0001
PET	ORD CCS	ORD CCS	06-01-2004 0001 10-31-2005 1342
PET	CONV IDLE	CONVALESCE IDLE	05-21-2004 0831 06-01-2004 0001
PET	ORD CCS	ORD CCS	05-20-2004 1442 05-21-2004 0831
PET	ORD CCS	ORD CCS	11-11-2003 0001 05-20-2004 0749
PET	UNASSG	UNASSIGNED WORK DETAIL	11-03-2003 1658 11-11-2003 0001
PET	A/O	NEEDS A/O PROCESSING	10-24-2003 1033 11-03-2003 1658
PEM	UNASSG	UNASSG	10-22-2003 1442 10-24-2003 0950
PHL	UNASSG	UNASSG	10-20-2003 1800 10-22-2003 0655
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-17-2003 1304 10-20-2003 1010
MCK	I ASEMBLY2	ASSEMBLY 2 - 3:50PM - 11:00PM	09-03-2002 0001 10-17-2003 0925
MCK	I LAYUP 1	LAYUP 1	04-09-2002 0001 09-03-2002 0001
MCK	CMSLANDIN2	INSIDE LANDSCAPE FULL-TIME	09-08-2001 0001 04-09-2002 0001
MCK	CMSLANDIN1	INSIDE LANDSCAPE FULL-TIME	07-27-2001 0001 09-08-2001 0001
MCK	CMS FACL	FACILITIES OFFICE	07-26-2001 0001 07-27-2001 0001
MCK	UNASSG	UNASSIGNED	07-25-2001 1213 07-26-2001 0001
MCK	A&O	ADMISSION & ORIENTATION	07-20-2001 0845 07-25-2001 1213
LEW	UNASSG	UNASSIGNED WORK DETAIL	07-13-2001 1836 07-20-2001 0518
LOR	ADM DET	ADMINISTRATIVE DETENTION	05-18-2001 1323 07-13-2001 0900
LOR	DIS SEG	DISCIPLINARY SEGREGATION	04-19-2001 1522 05-18-2001 1323
LOR	ADM DET	ADMINISTRATIVE DETENTION	03-23-2001 1915 04-19-2001 1522
LOR	CABLE 11	PRODUCTION/	02-09-2001 0001 03-23-2001 1915
LOR	F/SVC PM	FOOD SERVICE WORKER (PM)	02-07-2001 1015 02-09-2001 0001
LOR	F/SVC AM	FOOD SERVICE WORKER (AM)	02-06-2001 0001 02-07-2001 1015
LOR	A&O COMP	A&O PROGRAM COMPLETE	01-11-2001 1402 02-06-2001 0001
LOR	A&O	A&O UNASSIGNED	01-05-2001 0845 01-11-2001 1402
LEW	UNASSG	UNASSIGNED WORK DETAIL	01-02-2001 2101 01-05-2001 0545
CUM	FPI SHOP 3	UNICOR SHOP 3	05-30-2000 0001 01-02-2001 1023

MCK2G 531.01 * INMATE HISTORY * 08-30-2006 PAGE 001 OF 001 * WRK DETAIL * 15:00:24

REG NO..: 05967-084 NAME....: WARD, MYRON ARVEL CATEGORY: WRK FUNCTION: PRT FORMAT:

FCL	ASSIGNMENT	DESCRIPTION	START DATE/	TIME	STOP DATE	/TIME
PET	PRINT 2	PRINT FACTORY-2	03-27-2006		'	, 11115
PET	CCS COMPND		10-31-2005			0001
PET	ORD CCS	ORD CCS	06-01-2004			
PET	CONV IDLE	CONVALESCE IDLE	05-21-2004			
PET	ORD CCS	ORD CCS	05-20-2004			
PET	ORD CCS	ORD CCS	11-11-2003			
PET	UNASSG	UNASSIGNED WORK DETAIL	11-03-2003	1658	11-11-2003	0001
PET	A/O	NEEDS A/O PROCESSING	10-24-2003	1033	11-03-2003	1658
PEM	UNASSG	UNASSG	10-22-2003	1442	10-24-2003	0950
PHL	UNASSG	UNASSG	10-20-2003	1800	10-22-2003	0655
LEW	UNASSG	UNASSIGNED WORK DETAIL	10-17-2003	1304	10-20-2003	1010
MCK	I ASEMBLY2	ASSEMBLY 2 - 3:50PM - 11:00PM	09-03-2002	0001	10-17-2003	0925
MCK	I LAYUP 1	LAYUP 1	04-09-2002	0001	09-03-2002	0001
MCK	CMSLANDIN2	INSIDE LANDSCAPE FULL-TIME	09-08-2001	0001	04-09-2002	0001
MCK	CMSLANDIN1	INSIDE LANDSCAPE FULL-TIME	07-27-2001	0001	09-08-2001	0001
MCK	CMS FACL	FACILITIES OFFICE	07-26-2001	0001	07-27-2001	0001
MCK	UNASSG	UNASSIGNED	07-25-2001	1213	07-26-2001	0001
MCK	A&O	ADMISSION & ORIENTATION	07-20-2001	0845	07-25-2001	1213
LEW	UNASSG	UNASSIGNED WORK DETAIL	07-13-2001	1836	07-20-2001	0518
LOR	ADM DET	ADMINISTRATIVE DETENTION	05-18-2001	1323	07-13-2001	0900
LOR	DIS SEG	DISCIPLINARY SEGREGATION	04-19-2001	1522	05-18-2001	1323
LOR	ADM DET	ADMINISTRATIVE DETENTION	03-23-2001	1915	04-19-2001	1522
LOR	CABLE 11	PRODUCTION/	02-09-2001	0001	03-23-2001	1915
LOR	F/SVC PM	FOOD SERVICE WORKER (PM)	02-07-2001	1015	02-09-2001	0001
LOR	F/SVC AM	FOOD SERVICE WORKER (AM)	02-06-2001	0001	02-07-2001	1015
LOR	A&O COMP	A&O PROGRAM COMPLETE	01-11-2001	1402	02-06-2001	0001
LOR	A&O	A&O UNASSIGNED	01-05-2001	0845	01-11-2001	1402
LEW	UNASSG	UNASSIGNED WORK DETAIL	01-02-2001	2101	01-05-2001	0545
CUM	FPI SHOP 3	UNICOR SHOP 3	05-30-2000	0001	01-02-2001	1023
CUM	FPI SHOP 8	UNICOR SHOP 8	08-23-1999	0001	05-30-2000	0001
CUM	F PLUMBER	FCI PLUMBER	06-08-1999	0001	08-23-1999	0001
CUM	F MECH SVC	FCI MECHANICAL SVC	06-07-1999	0001	06-08-1999	0001
CUM	F UNASSIGN	UNASSIGNED INMATES	05-24-1999	0001	06-07-1999	0001
CUM	F A&O	FCI A&O INMATES	05-19-1999			
CUM		UNASSIGNED INMATES	05-17-1999			
CUM	F A&O	FCI A&O INMATES	04-26-1999			
OKL	UNASSG	UNASSIGNED HOLDOVER	04-05-1999	1515	04-26-1999	0725

G0000 TRANSACTION SUCCESSFULLY COMPLETED

UNICOR Federal Prison Industries, Inc.	Industrial Employment/IPRS Ac	ction Report		
3 1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3			
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-2			
3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22			
4. Register Number 0 5 9 6 7 0 8 4 w	5. Resident Name (Last, First, Middle)	6. Institution Code		
Action Recommended From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Dot 12. Position Title Plan Code			
•	1 = Hourly 2 = G.P.W. 3 = P.W. X = Apprentice 3 = P.W. 18. Position Title	HOPHAND		
Number 1 - 4 Code 19. Effective Date 20. Month, Day, Year 1 0 - 1 7 - 0 3	Plan Code Time of Action 21. Check One:	AM PM		
22 . Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs 23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).				
	ate Of Enrollment Month, Day, Year			
25. Total Inm	aate Hours Involved			
26. Signatures: Recommended By	Foreman	Date: (2 / 1 / 5 - 3		
Approved By		Date:		
Approved By	Ass't Supt. Or Business Mgr. Timekeeper	Date:		

FPI Form 96 (9/98)

Distribution:

UNICOR Federal Prison Industries. Inc. Industrial Employment/IPRS Action Report

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3 2. If UNICOR Action
Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26 3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22 4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 10.5.9.6.71 10.8.41 IV. A.P. 51 and 51.41 IV. A.P. 51
Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22 4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 10.5.9.6.71 10.8.41 19.81 20.841 19.81 20.841
10.5.9.6.7 10.9.4 lualed at a bart de relevit to the
Action Recommended
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code
MCFT 1 769687054 WOODWRK SHOPHAND
1 = Hourly 2 = G.P.W. 3 = P.W. 13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 Code Plan Code 1 = Hourly X = Apprentice X = Ap
19. Effective Date Month, Day, Year MCFT 1 7,69687054 W000088 5 6 0 9 H A N D 21. Check One: AM PM
3 1 1 1 1 1 1 1 1 1
22. Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures: Recommended By
Approved ByPlant Superintendent Date:
Approved By Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records Date: 110/03

Production Worker's Training Record

(CHECKLIST)

Inmate Name Myron Ward	Reg. Number	05967-084
	•	
1.) I have had a department orientation by my department supervisor	or.	
2.) I have read and understand the Factory Rules and Safety Regula	tions.	
3.) I have read and understand the department procedures for my as	signed area.	
4.) I have participated in the 3 credit hrs., Industrial Familiarization	Class.	
5.) I have had on the job training with an experienced production w	orker.	i in
6.) I have read and understand my Job Description.	•	
🗵 7.) I have been instructed on the MSDS center in the Unicor Factors	y.	•
8.) I have familiarized myself with ISO-9001-2000 standards, Union and the role I play in the system.	cor McKeans (Q.M.S.,
		,
Myron Ward 05967-084	6/	23/03
Inmate Signature & Reg. Number	 	Date
Moly B	(0/2	17/03
Woodworking Supervisor Signature	1/4 0	Date

TITLE:	TRAINING RECORD	CON	TROL NO.	1403	DATE:	6/1	1/0	03
Production -	UNICOR MCKEAN	REV:	Original	Issue	SHEET	1 (OF	1

UNICOR McKean Federal Prison Industries, Inc. **Federal Correctional Institution** McKean, Pa. 16701

JOB DESCRIPTION REPORT

1

Inmate's Name: WARD, MY	TRON	Register Number:	05967-084
Institution Code:	231	Industry Code:	MCFT
			·
Job Description: Woodw	orking Shophand	Department:_	Layup 1
	nd work area when ther	or the quantity and quality of a re is no production work. Failu All other duties as assigned in U	re to do so will result
I have instructed inmate	e <u>WARD, MYRON</u>	Reg. No 05967	-084
in the proper procedure	s in which to imp	element his assigned wo	rk detail, which
includes standard mainte	enance, safety pr	ocedures, and routine	use.
Grand out		3	3-21-02
Foreman			Date

I have received proper instruction on how to implement my job assignment. If I have any problem with implementing my assigned job, I am instructed to contact my foreman immediately.

Federal Prison Industries, Inc. UNICOR - McKean P.O. Box 8000 Phone #(814) 362-8900 Fax #(814) 362-4151

MEMORANDUM

DATE: March 27, 2002

REPLY TO:

ATTN OF: Martin Sapko, Factory Manager

SUBJECT: Issuance of Safety Glasses

TO: New UNICOR Inmate Workers

Effective immediately, all workers who are required to wear safety glasses will be furnished one (1) pair. These safety glasses may be kept in the housing unit or work locker. However, regardless of where you store your issued safety glass, it is your responsibility and must be well cared for. If you lose your safety glasses, \$5.00 will be deducted from your monthly UNICOR pay at the end of the month for each pair lost. Safety glasses are required for all production workers and must be worn everywhere on the factory floor.

I received one (1) pair of safety glasses onabove conditions.	, and I agree to the
•	
Signature: Myon Wan	
Print Name: MYCON WARD	····
Reg. Number: <u>05967-084</u>	

S

	F.C.I. McKean
UNI	COR FACTORY RULES AND SAFETY REGULATIONS FOR INMATE WORKER
NAME	: Myron WARD UNIT: CB LOCKER# CHIT#
1)	INMATE WORKERS ARE <u>FORBIDDEN</u> TO LEAVE THE DEPARTMENT TO WHICH THEY ARE ASSIGNED, UNLESS THEY RECEIVE PERMISSION FROM THEIR SUPERVISOR. WHEN ENTERING ANOTHER DEPARTMENT, THE INMATE MUST IMMEDIATELY REPORT TO THE SUPERVISOR IN CHARGE. INMATE WORKERS ON CALL-OUT MUST NOTIFY THEIR FOREMAN OR SUPERVISOR PRIOR TO LEAVING ON A CALL-OUT, AND AFTER RETURNING FORM A CALL-OUT.
2)	ALL INMATES MUST WEAR STEEL TOE SAFETY SHOES AT ALL TIMES WHILE IN THE FACTORY.
3)	SAFETY GLASSES MUST BE WORN AT ALL TIMES WHILE IN THE FACTORY.
4)	HEARING PROTECTION $\underline{ ext{MUST}}$ BE WORN AT ALL WORK STATIONS THAT ARE DESIGNATED AS HIGHNOISE LEVEL AREAS.
5)	INMATES <u>SHALL</u> PERFORM ANY ASSIGNED DUTIES GIVEN TO THEM BY ANY FOREMAN OR SUPERVISOR.
6)	INMATE WORKERS SHALL ONLY PERFORM TASKS THAT ARE ASSIGNED TO THEM. OPERATING ANY MACHINERY OR EQUIPMENT, OR PERFORMING ANY OPERATION THAT HAS NOT BEEN SPECIFICALLY ASSIGNED BY A FOREMAN OR SUPERVISOR IS STRICTLY FORBIDDEN. VIOLATORS SHALL BE SUBJECT TO DISCIPLINARY ACTION.
7)	OPERATING ANY EQUIPMENT WITHOUT USING THE SAFETY GUARDS PROVIDED, OR THE REMOVAL OF ANY SAFETY GUARDS IS FORBIDDEN. FAILURE TO COMPLY SHALL RESULT IN DISCIPLINARY ACTION.
8)	HORSE PLAY WILL NOT BE TOLERATED, AND VIOLATORS ARE SUBJECT TO REMOVAL FROM UNICOR EMPLOYMENT.
9)	$rac{ ext{REPORT}}{ ext{WORK}}$ ALL SAFETY HAZARDS TO YOUR WORK SUPERVISOR IMMEDIATELY. $rac{ ext{DO NOT}}{ ext{CONTINUE}}$ TO WORK UNDER UNSAFE CONDITIONS.
10)	DESIGNATED FORKLIFT OPERATORS ARE THE ONLY INDIVIDUALS AUTHORIZED TO OPERATE THE FORKLIFT. DO NOT RIDE ON THE FORKLIFT OR PALLET TRUCK.
11)	ALL INJURIES, NO MATTER HOW MINOR, SHOULD BE REPORTED TO YOUR SUPERVISOR IMMEDIATELY.
12)	ALL INMATE WORKERS ARE $\underline{PROHIBITED}$ FROM BRINGING ANY PERSONAL PROPERTY INTO UNICOR, OR REMOVING UNAUTHORIZED ITEMS FROM THE UNICOR FACTORY.
13)	THE FABRICATION OR REPAIR OF PERSONAL ITEMS WITH UNICOR EQUIPMENT IS AGAINST REGULATIONS AND IS STRICTLY PROHIBITED.

THERE WILL BE ABSOLUTELY NO SMOKING IN THE FACTORY, EXCEPT IN THE DESIGNATED SMOKING

AREAS. ANY VIOLATION OF THIS RULE SHALL RESULT IN IMMEDIATE DISCIPLINARY ACTION AND

WORK STOPS TEN (10) MINUTES PRIOR TO LUNCH FOR WASH UP, AND TWENTY (20) MINUTES

INMATES WHO RECEIVE A DISCIPLINARY SEGREGATION SANCTION ARE SUBJECT TO TERMINATION FROM UNICOR EMPLOYMENT, LOSS OF LONGEVITY, LOSS OF GRADE, AND WILL BE PLACED ON THE

INMATES WHO HAS BEEN TRANSFERRED FROM ANOTHER INSTITUTION FOR DISCIPLINARY PURPOSES,

I UNDERSTAND THE ABOVE RULES AND REGULATIONS, AND ALSO UNDERSTAND THAT DISREGARD FOR ANY OF THE

reg.# <u>05967</u>-084

DATE: 4/9/02

POSSIBLE DISMISSAL FROM UNICOR EMPLOYMENT.

NON-PRIORITY UNICOR WAITING LIST.

PRIOR TO RECALL FOR TOOL CHECK IN AND ALSO TO WASH UP.

SHALL BE PLACED ON THE NON-PRIORITY UNICOR WAITING LIST.

ABOVE RULES SHALL CONSTITUTE A REASON FOR MY TERMINATION FROM UNICOR EMPLOYMENT.

14)

15)

16)

17)

ASSIGNED DEPARTMENT:

UNICOR Industries. Inc.	imployment/IPRS Action Report
1. Type Of Report: UNICOR Action = 1 IPRS A	ction = 2 Both = 3
Enter 2 For Change In Emp	omplete Items 3, 4-6, 13-21, 24, and 26 oyment Status, Complete Items 4 - 21, and 26 Employment, Complete Items 3, 4 - 12, 19 - 23, 26
3. If IPRS Action Enter 2 For Enrollment, Con Enter 3 For Completion, Co Enter 4 For Withdrawal, Con	mplete Items 4 - 6, 19
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code
Action Recommended	
From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot Number 1 · 4 Code Plan Code	12. Position Title
	pe pek skophyb
To:	Apprentice
13. Job 14. Grade 15. Industry 16. Wage 17. Dot Number 1 - 4 Code Plan Code	18. Position Title
19. Effective Date 20. Time Of Action Month, Day, Year	21. Check One: AM PM
22. Reason For Termination Of Employment Or Withdrawal	
1 = Released 2 = Transferred 3 = Program Ct 5 = Program Discontinued 6 = Control Purposes	range 4 = Inmate Request 7 = Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when te	rmination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Ye	ar
25. Total Inmate Hours Involved	
26. Signatures:	and the state of t
Recommended By —	Foreman Date: 4/1/16 7
Approved By	Plant Superintendent Date:
Approved By	Ass't Supt. Or Business Mgr. Date:
Entered On Payroll Records	Timekeeper Date:
FPI Revised Form 96 Distribution: White Busine	ss office GreenPlacement

Case 1:03-cv-00355-SJM-SPB	3 Document 70-24 Filed 02/02/2	
LAVIP	GRADE CHANGE	
UNICOR Industries, Inc.	lustrial Employment/IPI	RS Action Report
1. Type of Report: UNICC	DR Action = 1 IPRS Action = 2 Both = 3	
2 Enter 2	1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24 2 For Change In Employment Status, Complete Items 3 For Termination Of Employment, Complete Items 3	s 4-21, and 26
Enter 3	2 For Enrollment, Complete Items 4-6, 19 3 For Completion, Complete Items 4-6, 19 4 For Withdrawal, Complete Items 4-6, 19, 22	
4. Register Number	5. Resident Name (Last, First, Middle)	6. Institution Code
C 5 9 6 7 0 8 4 WAR	D N Y R O R Y M	2 3 1
Action Recommended		
From: 7. Job 8. Grade 9. Industry 10. Wag Number 1 - 4 Code Plan	" - "	on Title
0 1 2 4 MCFT	7 6 9 6 8 7 0 5 4 N D W	RK SHOPEAND
То:	1 = Hourly 2 = G.P.W. 3 = P.W.	
13. Job 14. Grade 15. Industry 16. Wag Number 1 - 4 Code Plan	ge 17. Dot 18. Posit	ion Title
9 3 2 3 MCFT	7 6 9 6 8 7 0 5 4 14 14	an see an an o
19. Effective Date 20. Time of Month, Day, Year	f Action 21. Check	One: AM PM
07-08-02	2 0	<u> </u> x
22 . Reason For Termination Of Emp	ployment Or Withdrawal	
1 = Released 2 = Transferred 5 = Program Discontinued 6 = 6	3 = Program Change 4 = Inmate Request Control Purposes 7 = Institutional Needs	
23. Continuation of Longevity Statu	lie.	
1	or use only when termination is for release (MR or pa	role).
24 Date Of Er	nrollment Month, Day, Year	
25. Total Inmate Hou	rs Involved	
26. Signatures:		-4. /
Recommended By	Foreman	Date: 7/6/02
Approved By	Plant Superintendent	Date: 4/23/22
Approved By	Ass't Supt. Or Business Mgr.	. Date:
Entered On Payroll Records	Timekeeper	Date:
Pl Form 96 (9/98)		

UNICOR Industries, Inc. Industries, Inc.
1 1. Type of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 0 5 9 6 7 0 8 4 M A B E 1 M Y B O N AR V I L 1 1 1 2 3 1
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot 12. Position Title Number 1 - 4 Code Plan Code
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
13. Job 14. Grade 15. Industry 16. Wage 17. Dot 18. Position Title Number 1 - 4 Code Plan Code
22 . Reason For Termination Of Employment Or Withdrawal 1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
26. Signatures: Recommended ByForeman Date:
Approved By Plant Superintendent Date:
Approved By Ass't Supt. Or Business Mgr. Date: Entered On Payroll Records Date:

FPI Form 96 (9/98)

Distribution: White (Business Office)

Canary (Terminal Operator)

Pink (Placement)

Goldenrod (Foreman)

ASSEMBLY 2	TERMINATION	TRANSFER
UNICOR Federal Prison Industries, Inc.	Industrial Employment/IPRS Ac	ction Report
1. Type of Report:	UNICOR Action = 1 IPRS Action = 2 Both = 3	,
2. If UNICOR Action	Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4-21, and Enter 3 For Termination Of Employment, Complete Items 3, 4-12, 19-2	
3. If IPRS Action	Enter 2 For Enrollment, Complete Items 4-6, 19 Enter 3 For Completion, Complete Items 4-6, 19 Enter 4 For Withdrawal, Complete Items 4-6, 19, 22	
4. Register Number c 	5. Resident Name (Last, First, Middle)	6. Institution Code
Action Recommended From: 7. Job 8. Grade 9. Industry Number 1 - 4 Code	10. Wage 11. Dot 12. Position Title Plan Code	
0 1 2 1 M C F T To: 13. Job 14. Grade 15. Industry	1 = Hourly 2 = G.P.W. 3 = P.W. 15. Apprentice 18. Position Title	HOPHAND
Number 1 - 4 Code	Plan Code J J J J J J J J J	AM PM
1 0 - 1 7 - 0 3	0 7 1 0	<u> </u>
2	vity Status	
	Pate Of Enrollment Month, Day, Year	
25. Total Inn	nate Hours Involved	
26. Signatures: Recommended By	Plant Superintendent Ass't Supt. Or Business Mgr.	Date: 10/1/03 Date: 10/1/03 Date: 10/1/03 Date: 10/1/03
FPI Form 96 (9/98) Distribution: White (Rus	siness Office) Canary (Terminal Operator) Pink (Placement)	Goldenrod (Foreman)

Industrial Employment/IPRS Action Report

1. Type Of Report: UNICOR Action = 1 IPRS Action = 2 Both = 3
2. If UNICOR Action Enter 1 For Newly Hired, Complete Items 3, 4-6, 13-21, 24, and 26 Enter 2 For Change In Employment Status, Complete Items 4 - 21, and 26 Enter 3 For Termination Of Employment, Complete Items 3, 4 - 12, 19 - 23, 26
3. If IPRS Action Enter 2 For Enrollment, Complete Items 4 - 6, 19 Enter 3 For Completion, Complete Items 4 - 6, 19 Enter 4 For Withdrawal, Complete Items 4 - 6, 19 22
4. Register Number 5. Resident Name (Last, First, Middle) 6. Institution Code 0.5 3 6 7 0.8 4 W.A.R.D. MK.R.D.N. AR.V.D.L. 2.3.1
Action Recommended From: 7. Job 8. Grade 9. Industry 10. Wage 11. Dot Code Number 1 - 4 Code Plan Code 12. Position Title W O O D W RK 5 H D P H A N D 13. Job 14. Grade 15. Industry 16. Wage 17. Dot Code 13. Job 14. Grade 15. Industry 16. Wage 17. Dot Code 14. Position Title W O O D W RK 5 H D P H A N D 15. Industry 16. Wage 17. Dot Code Plan Code 18. Position Title W O O D W R K 5 H D P H A N D 19. Effective Date Month, Day, Year 20. Time Of Action 21. Check One: AM PM
1 = Released 2 = Transferred 3 = Program Change 4 = Inmate Request 5 = Program Discontinued 6 = Control Purposes 7 = Institutional Needs
23. Continuation of Longevity Status 1 = yes 0 = no 2 = no (For use only when termination is for release (MR or parole).
24. Date Of Enrollment Month, Day, Year
25. Total Inmate Hours Involved
Plant Superintendent Date: 11103 Approved By Ass't Supt. Or Business Mgr. Entered On Payroll Redords MALL Timekeeper Date: 11403

FPI Revised Form 96 October 1, 1982

Distribution:

Wh

Business office
Terminal operator

FPI Form 96 (9/98)
Distribution:

White (Business Office)

Canary (Terminal Operator)

Pink (Placement)

Goldenrod (Foreman)

FPI Revised Form 96 October 1, 1962

Distribution:

White--Canary - Business office - Terminal operator

Employee Work History

1.3

NAME:	Ward,	Myron	Arvel	NO	#05967-084		
HIRE DAT	Έ:	04/09/0	02	Prior UNICO	R Credit Accepted:	00	Months

Year 2002

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr	1	3:45		3:45	
May	2	3:75		7:36	
Jun	3	3145		11:15	
Jui	4	3145		15:00	9
Aug	<u> </u>	3153		16153	7
Sep	6	3:38		20131	8
Oct	7	3138		24109	2
Nov.	8	3138		27:47	,
Dec	9	3:38		31:25	7

Year 2003

	# Months	Vac Earned	Vac: Used	Vac Balance	Remarks
Jan	10	3:38		35: 63	
Feb	11	3:38		38:41	
Mar	12	3138		42:19	Lo
Apr	13	7115		49:34	
May	14	7115		56:49	
Jun	15	7/15	42:19 POU	21:45	
Jul	16	745		29100	
Aug	17	7:15		36:15	
Sep	18	7:15		43'.30	
Oct					
Nov					
Dec					

Year 2004

	# Months	Vac Earned	Vac Used	Vac Balance	Remarks
Jan					
Feb					
Mar					
Apr					
May					
Jun					
Jul					
Aug					
Sep					
Oct					
Nov					
Dec					

MCK2G 531.01 * PAGE 001 OF 001 *

INMATE HISTORY WRK DETAIL

04-06-2002 13:58:46

REG NO..: 05967-084 NAME....: WARD, MYRON ARVEL CATEGORY: WRK FUNCTION: PRT FORMAT:

			20110220111 21112	COMMI.
	FCL	ASSIGNMENT	DESCRIPTION	START DATE/TIME STOP DATE/TIME
	MCK MCK	CMSLANDIN2 CMSLANDIN1	INSIDE LANDSCAPE FULL-TIME INSIDE LANDSCAPE FULL-TIME	09-08-2001 0001 CURRENT 07-27-2001 0001 09-08-2001 0001
	MCK	CMS FACL	FACILITIES OFFICE	07-26-2001 0001 07-27-2001 0001
	MCK	UNASSG	UNASSIGNED	07-25-2001 1213 07-26-2001 0001
	MCK	A&O	ADMISSION & ORIENTATION	07-20-2001 0845 07-25-2001 1213
	LEW	UNASSG	UNASSIGNED WORK DETAIL	07-13-2001 1836 07-20-2001 0518
	LOR	ADM DET	ADMINISTRATIVE DETENTION	05-18-2001 1323 07-13-2001 0900
	LOR	DIS SEG	DISCIPLINARY SEGREGATION	04-19-2001 1522 05-18-2001 1323
	LOR	ADM DET	ADMINISTRATIVE DETENTION	03-23-2001 1915 04-19-2001 1522
	_ LOR	CABLE 11	PRODUCTION/	02-09-2001 0001 03-23-2001 1915
	LOR	F/SVC PM	FOOD SERVICE WORKER (PM)	02-07-2001 1015 02-09-2001 0001
	LOR	F/SVC AM	FOOD SERVICE WORKER (AM)	02-06-2001 0001 02-07-2001 1015
	LOR	A&O COMP	A&O PROGRAM COMPLETE	01-11-2001 1402 02-06-2001 0001
	LOR	A&O	A&O UNASSIGNED	01-05-2001 0845 01-11-2001 1402
	LEW	UNASSG	UNASSIGNED WORK DETAIL	01-02-2001 2101 01-05-2001 0545
18	CUM	FPI SHOP 3	UNICOR SHOP 3	05-30-2000 0001 01-02-2001 1023
	L CUM	FPI SHOP 8	UNICOR SHOP 8	08-23-1999 0001 05-30-2000 0001
	CUM	F PLUMBER	FCI PLUMBER	06-08-1999 0001 08-23-1999 0001
	CUM	F MECH SVC	FCI MECHANICAL SVC	06-07-1999 0001 06-08-1999 0001
	CUM	F UNASSIGN	UNASSIGNED INMATES	05-24-1999 0001 06-07-1999 0001
	CUM	F A&O	FCI A&O INMATES	05-19-1999 0001 05-24-1999 0001
	CUM	F UNASSIGN	UNASSIGNED INMATES	05-17-1999 2246 05-19-1999 0001
	CUM	F A&O	FCI A&O INMATES	04-26-1999 1902 05-17-1999 2246
	OKL	UNASSG	UNASSIGNED HOLDOVER	04-05-1999 1515 04-26-1999 0725

LØ 1 AYU! I 3159155 4902 OX FINS

G0000 TRANSACTION SUCCESSFULLY COMPLETED

MCK2G INMATE DISCIPLINE DATA 04-06-2002 PAGE 001 OF 001 * CHRONOLOGICAL DISCIPLINARY RECORD * 13:59:20 REGISTER NO: 05967-084 NAME..: WARD, MYRON ARVEL FUNCTION...: PRT FORMAT: CHRONO LIMIT TO MOS PRIOR TO 04-06-2002 REPORT NUMBER/STATUS.: 868922 - SANCTIONED INCIDENT DATE/TIME: 03-23-2001 1730 DHO HEARING DATE/TIME: 04-19-2001 1230 FACL/CHAIRPERSON....: LOR/LINDEN J APPEAL CASE NUMBER(S): 239792 REPORT REMARKS.....: DURING A ROUTINE SEARCH, A 5 1/2 SHARPENED TOOTHBRUSH WAS FOUND TAPED UNDER THE INMATE'S LOCKER. 104 POSSESSING A DANGEROUS WEAPON - FREQ: 1 DIS GCT / 40 DAYS / CS COMP:010 LAW:P DS / 30 COMP: LAW: / 30 DAYS / CS FROM 04-19-01 THROUGH 05-18-01. TRANSFER / CS COMP: LAW: RECOMMEND A DISCIPLINARY TRANSFER. REPORT NUMBER/STATUS.: 802179 - SANCTIONED INCIDENT DATE/TIME: 07-29-2000 1100 UDC HEARING DATE/TIME: 08-02-2000 1540 FACL/UDC/CHAIRPERSON.: CUM/UNIT C/D HOLLER REPORT REMARKS.....: I/M ADMITTED GUILT. 328 GIVING/ACCEPTNG MONEY W/O AUTH - FREQ: 1 LP PHONE / 180 DAYS / CS COMP: LAW: 6 MONTHS LOSS OF PHONE;

TO EXPIRE ON 02/03/2000.

MCK2Gase 1:03-cv-Q0355-SJM-SPB IN A TRANSCRIPT * 14:18:47

REGISTER NO: 05967-084

NAME..: WARD

FORMAT....: TRANSCRIPT RSP OF: MCK-MCKEAN FCI

FUNC: DIS

MCK ESL HAS ENGLISH PROFICIENT 05-28-1999 0001 CURRENT MCK GED HAS COMPLETED GED OR HS DIPLOMA 05-05-1999 0001 CURRENT

----- EDUCATION COURSES ------SUB-FACL DESCRIPTION START DATE STOP DATE EVNT AC LV HRS FOOD SERV MGMT VT M-F 730-130 10-08-2002 CURRENT MCK CULINARY VT M-F 7:30-9:30 07-10-2002 10-08-2002 C W I 0 MCK CULINARY VT M-F 7:30-9:30 07-10-2002 10-08-2002 C W I O ACE-FINANCE 1 06-24-2002 08-10-2002 P C P 63 ACE-BUSINESS DEVELOPMENT 03-18-2002 06-11-2002 P C P 106 ACE-BUS. MATH&ENG WED.630-830 11-28-2001 05-22-2002 P C P 60 ACE STOCK MARKET 01-14-2002 02-16-2002 P C P 57 HYDROPONICS VT,M-F, 9:30-11:30 08-22-2001 09-26-2001 P C E 50 PERSONAL TRAINER CERT-EDUC 02-06-2001 04-10-2001 P C P 121 MICRO APPLICATIONS 09-07-2000 12-12-2000 P C P 45 MCK MCK MCK MCK MCK LOR CUM

G0002 MORE PAGES TO FOLLOW . . .

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Forsyth, S.O.I. (Unicor)	DATE: 8/12/02		
FROM: WARD, MICON	register no.: 05967-884		
WORK ASSIGNMENT? Lay up 1	UNIT:		
SUBJECT: (Briefly state your question or continue on back, if necessary. Your failtaken. If necessary, you will be interview request.)	oncern and the solution you are requesting. ure to be specific may result in no action being wed in order to successfully respond to your		
I am currently on Unicor Daysh	ift. I have a conflict in my		
schedule. The vocational class +t	iat I take is from 7:30A.M-1:30PM.		
(I've been taking it for over amonth). IF possible, I would like to switch		
swift to the night shift. My at	tempts have been unsuccessful		
thus Far.			
FURTRIYOU			
(Do not write	DoT 769687054 e below this line)		
DISPOSITION:			
	MOUE FROM LAVUP I		
	14407 70 ASSM 2. 9/3/02		
GED 5/5/99	9/402		
Signature Staff Member	Date		